

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">081737904</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
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48	/						98						
49	/						99						
50	/						100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	52						TOTAL DEP.						
TOTAL CLAIMS	60						TOTAL CLAIMS						

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POSITION	ID NO.	DATE
CLASSIFIER	6	12-10-90
EXAMINER		
TYPIST	459	5-12-97
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Date
1	5/1/95
2	5/1/95
3	5/1/95
4	5/1/95
5	5/1/95
6	5/1/95
7	5/1/95
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Claim	Date
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#### SYMBOLS

- ✓ Rejected
- Allowed
- (Through number) Cancelled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected